

A MODEL FOR FAMILY INCLUSION IN THE KING COUNTY SYSTEM OF CARE

PREAMBLE

Family inclusion is essential to the success of the child-serving system! It is HOW family voice is heard and HOW MUCH family input is implemented throughout the system of care, including policy and program development, service delivery and evaluation. The goal is for service delivery to be provided in a manner that recognizes families as partners and advisors, not as clients. Services shall be delivered "for families, with families & by families" rather than "to" families. Families are seen as the experts on their child/youth and as constants in the lives of their children. Professionals are most effective when supporting families in finding solutions that meet their needs. We recognize that there exists a dynamic tension between family advocacy and collaboration with professionals. We value and respect this tension.

BACKGROUND

The King County Mental Health, Chemical Abuse & Dependency Services Division (MHCADSD), in partnership with United Behavioral Health (UBH) and the other child-serving agencies of King County, has received federal funding to develop and enhance a system of care for King County, Washington. A System of care is a comprehensive spectrum of mental health and other support services, which are organized into a coordinated network to meet the multiple needs of children and adolescents with serious emotional disturbances and their families. The core values and principles of the system of care are listed in Appendix A and include the value that family voice will be heard and implemented throughout policy, program development, evaluation, and service delivery. The model below was developed in response to information gathered from families, professionals and other community partners. This model describes a vision and value of family inclusion in all aspects of the system of care **AND** encourages and supports families to organize and network amongst each other to:

- provide support
- share knowledge and resources
- advocate for changes
- assist each other in the day to day challenges of caring for their children

It is our belief that through the inclusion of families at all levels of the system of care, we can strengthen the communities that support families and youth and build a more effective and more efficient service system!

COMPONENTS OF FAMILY INCLUSION MODEL

I. Building a Network of Families who will:

- Participate with each other in collaborating and advocating to get their needs met.
- Share resources and information with other families (e.g., exchange knowledge/information, provide respite for each other (accountability and liability issues of providing respite need to be addresses as well as safety issues), participate in support groups, etc.).
- Develop a resource directory for their own community (e.g., families have their own web site with links to resources, libraries, etc.).
- Increase availability and access to computers for families.
- Advocate on behalf of themselves and other families - advocating for themselves first
- Work together to influence public policy and include legislative information on the family web site and include current policy and rights of families. Also need education and training process addressing how to influence public policy - tools to know how to do it (impact public policy). Include information on policy in the CFIC newsletter.
- Network and organize together in a safe environment to get to know one another on a regular and consistent basis - sponsored by the County, in a consistent place.
- Learn about other families who can be helpful.
- Build and maintain a list of families that can work together to collaborate and advocate for needed changes, etc.
- Develop leadership capacity within and among/throughout the family movement.
- Develop mechanisms for families to continually assess the wants and needs of the family community (surveys, focus groups, remember technology & maintain a list).
- Implement a mentoring process that includes both formal and informal supports, Peer-to-Peer support services, etc. Families helping families.
- Develop a network of natural supports for families and include fun activities for the whole family.
- Myth and stereotype busting for families, youth, and children! Destigmatization!
- Support health relationships and role models.
- Support calling trees.

II. Family Inclusion in the Structural Components of the System of Care

- Families are included in decision-making regarding the structural components of the system of care including system and program design, operations, evaluation, policy, etc.
- Family representation is equal to professional representation in decision-making.
- Clearly defined roles and responsibilities of partnership members exist and are available to the community.
- There is a commitment to honoring the unique needs of families and professionals in participating in partnership.
- Supports needed to maintain family participation are available and accessible to families and defined by families.
- Economic supports for family inclusion are policies at the state and local level.
- Methods to continually assess how families want to participate within the system of care (e.g., develop methods to inform and get input from families, inviting families into already existing

forums like committee meetings where systems make decisions, etc.) with the recognition that input chosen by families may change

- Families provide advocacy on behalf of other families and for family friendly changes in the system of care
- Families and professionals are trained to insure that individuals have the knowledge and information to be bona fide partners.

III. Evaluation/Feedback

A. Feedback

- Opportunities to provide feedback to the system of care are provided regularly and are easily accessible to families and professional (e.g., methods like surveys, reports are utilized to obtain and/or foster direct feedback from families and professionals to grant staff on family/professional partnership issues).
- Quality improvement efforts include family input.
- There are established quality improvement processes (both formal and informal) that families can access and participate in on a regular, ongoing, and consistent basis.
- Methods exist to continually receive direct feedback from families and professionals (separately) to the grant staff regarding family/professional partnership issues
- Methods exist to continually receive direct feedback from families to the grant staff regarding the provision of services
- Generalize family involvement in a formal grievance process, increase family involvement in mental health and increase awareness in system of care.
- Feedback shared with grant staff is provided back to partners.

B. Evaluation

- Family members are involved in the design and implementation of all evaluations within the system of care (including evaluation of programs and evaluation of the system of care)
- Family members are involved in the analysis, interpretation, and presentation of evaluation results

IV. Training

A. *To support family/professional partnership*

- A broadly trained community of families and professionals exists and individuals are trained in leadership, empowerment - strength-based training, diversity, family/professional partnership, wraparound, effective advocacy, how committees function, natural supports, cross systems, system of care, and cultural competence/cultural relevance training, training that supports family inclusion, spirituality (to name a few).
- There exists a cadre of families capable of training other families (train the trainer)
- Cultural understanding of how to give and receive feedback.

B. Competency building and knowledge development around resources for families

- Methods exist to continually assess the training needs of families and the community.
- A broadly trained community of families and professionals exists who are knowledgeable about the specific laws that effect parents/families, about the different systems and providers, how they work, what they offer, how to access services, etc.
- There exists a cadre of families capable of training other families

APPENDIX A

System of Care Values and Principles

Core Values of the System of Care

- The families and surrogate families of all children and adolescents should be full participants in all aspects of the planning and delivery of services.
- The system of care should be child centered and family focused, with the needs of the child and family dictating the types and mix of services provided.
- The system of care should be community based, with the locus of services as well as management and decision-making responsibility resting at the community level. Children and adolescents are to be served in the least restrictive, most normative environment as is appropriate and close to the child's home community.
- The system of care should be culturally competent, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve.

Guiding Principles of the System of Care

- All children and adolescents should have access to a comprehensive array of services that address the child's physical, emotional, social, and educational needs.
- All children and adolescents should receive individualized services in accordance with the unique needs and potentials of each child and guided by an individualized service plan.
- All children and adolescents should receive services within the least restrictive, most normative environment that is clinically appropriate.
- All children and adolescents should receive services that are integrated, with linkages between child-serving agencies and programs and mechanisms for planning, developing, and coordinating services.
- All children and adolescents should be provided with case management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner and that they can move through the system of services in accordance with their changing needs.
- Early identification and intervention for all children and adolescents should be promoted by the system of care in order to enhance the likelihood of positive outcomes.
- All children and adolescents should be ensured smooth transitions to the adult service system as they reach maturity.
- The rights of all children and adolescents should be protected, and effective advocacy efforts for children and youth should be promoted.
- All children and adolescents should receive services without regard to race, religion, national origin, sex, physical disability, or other characteristics, and services should be sensitive and responsive to cultural differences and special needs.

List of things for County to do

1. Include information on policy and legislative updates in the CFIC newsletter and website.
2. Need to create great awareness of the family network.
3. Provide economic support to family network/movement.
4. Provide information on interpreter/translating services.
5. Learning can happen everywhere and from everyone (professionals can learn as much from families as they can from school training).